



TABLE OF CONTENTS

Ap	plication Questions	2
1.	Project information	2
2.	Project area	3
3.	Existing network coverage	4
4.	Budget details	5
5.	Project funding	6
6.	Other funding sources	7
7.	Technological solution	9
8.	Benefits	11
9.	Project planning and management	13
10.	Estimated project employment	15
11.	Template uploads	16
12.	Supporting documents	17
	Coverage	
14.	Organization profile	19
15.	Organization location	22
	Organization contact information	
17.	Authorized business contact	25
18.	Alternate business contact	26
19.	Acknowledgements	27
20.	Submission	29



APPLICATION QUESTIONS

Please review the application questions below in preparation for completing the Application Form.

Please note: this document is **NOT** the Application Form, **please DO NOT fill this document**. To complete the Application Form, please go to the CCBC website.

Project information

For successful applicants receiving funding under Connecting Communities BC (CCBC), the contribution amounts will be made public via government websites, media releases or other similar materials. Information provided in the application may be used, in whole or in part to assist the Province of BC and ISED in the preparation of any public announcements.

Provide a Project title. Be descriptive about the geographic region. Please refrain from
using years in the title.
Maximum 200 characters
Describe the geographic location of the Project area (i.e., include the closest communities
and the general area which the Project will target).
Maximum 150 characters
Using non-technical language, provide a description of the Project, including its key
elements, purpose, objectives and benefits. Identify the 'who', 'what', 'where', 'when' and
'why'. Please avoid including Confidential or Proprietary information.
Maximum 3,500 characters



Project area

Please describe the geographic area of the proposed Project

Referring to	the Project Zones (application guide, Annex 6), which zone(s) will this Project
be conduct	ed in?
1	
2	
3	
4	
□ 5	
□ 6	
□ 7	
□ 8	
9	
1 0	
1 1	
1 2	
1 3	
1 4	
Does your I	Project span multiple provinces/territories?
Yes	
o No	
If yes, selec	t the provinces or territories (check all that apply):
☐ Albe	rta
☐ Nort	hwest Territories
☐ Yuko	on



Existing network coverage

This information is used by ISED to continually update broadband Coverage data.

Please indicate if you have already provided your existing Network and/or Coverage information to ISED or the Canadian Radio-television and Telecommunications Commission (CRTC) in the past 12 months, or if you will submit such information to ISED before the close of applications. For more information on how to submit existing Network and Coverage information, refer to the Universal Broadband Fund (UBF) website.

- I have provided existing Network information and/or Coverage to ISED or the CRTC in the past 12 months
- I will provide existing Network information and/or Coverage to ISED by the application deadline
- o I do not currently have existing Coverage

Does the Applicant own Passive Infrastructure (including, for example, towers, poles, rights of way or other similar assets and infrastructure)?

- Yes
- o No

Does the Applicant intend to make reasonable efforts to make its Passive Infrastructure available for use by other broadband operators to expand and improve Coverage in Canada?

- Yes
- o No

Does the Applicant's Project require access to Third Party Passive Infrastructure (i.e., towers, poles, rights of way or other similar assets and infrastructure)?

- Yes
- o No



Budget details

The Applicant must demonstrate that a funding plan is in place to implement the eligible Project.

The Applicant must complete and upload the appropriate templates related to the Project Budget details in the Template Uploads section. Values here must match values in Template 2 - Detailed Budget.

Total Eligible Costs (Template 2 - cell H27)	
Total Project Costs (Template 2 - cell H28)	



Project funding

Please note: CCBC is funded by both British Columbia and ISED (UBF). With this one application, you are applying to funding from both partners. You are expected to enter into a separate agreement with both partners.

Amount requested under CCBC per fiscal year (April 1 - March 31):					
2022-23	2023-24	2024-25	2025-26	2026-27	
Total amount	requested un	der CCBC: (au	to-generated)		
Amount the A	Applicant will c	ontribute per	fiscal year (Ap	ril 1 - March 31):	
2022-23	2023-24	2024-25	2025-26	2026-27	

Total amount Applicant will contribute: (auto-generated)



Other funding sources

Submitted

Pending

Approved

Received confirmation of eligibility

Identify sources of funding that you expect to secure to cover all Project Costs, not including the Province of British Columbia or the Universal Broadband Fund. Please only include loans that you anticipate receiving from a program or granting agency. Any other loans must be included in the Applicant funding.

applicable		mrastructure	sarık per ilscai year (Ap	TII 1 - March 31) (II
2022-23	2023-24	2024-25	2025-26	
Total fund	ling from Cana	dian Infrastruc	cure Bank: (auto-gener	ated)
Will you h	ave other fund	ing sources?	181	
o Yes	5			
o No				
Funding p	artner's name			
	150 characters	5		
Funding s	ource contact i	nformation (N	me, Address, Telephoi	ne, Email)
	250 characters		·	
Status of f	indina.			_



Funder t	ype:
----------	------

- Federal
- o Provincial/territorial
- Municipal
- o Private

•	ogram (if app 150 characters			
Amount red	quested from	funding partr	er per fiscal ye	ear (April 1 - March 31) :
2022-23	2023-24	2024-25	2025-26	2026-27

Total amount requested from funding partner: (auto-generated)



Technological solution

Describe your technological solution

System design: Provide a description of the system design which covers all key Network components that will enable improved connectivity. This description should provide sufficient detail, from the start to the end points. Maximum 3,500 characters
Scalability: Describe the ability of the Network to adapt to forecasted increased Network capacity and demand over the next 5 years from the Project completion date, accommodating additional subscribers and usage traffic, enhanced services and the Network's ability to support speeds identified in the application guide. Maximum 3,500 characters
Please specify the backbone technology type (check all that apply): Fibre



Please specify the last mile technology type (check all that apply). If you select fixed wireless, you must complete Template 7.

- ☐ Fibre
- □ Cable
- □ DSL
- ☐ Fixed wireless



Benefits

Quantify any estimation or claim about the effects of the proposed Project to the targeted areas

Please summarize the benefits that the Project will bring to the targeted areas. Describe the benefits and sustainability of the Project in terms of:

- Social and economic benefits
- Improvements to community connectivity
- Facilitation of commercial or industrial development
- Improvement of public services or social programs delivery
- Improvement of small businesses
- Enhancement of entrepreneurship capacity
- The Applicant organization's corporate social responsibility policy and philanthropic practices, including how the organization promotes reconciliation, gender equality and diversity or how your organization gives back to the community.

support and the accompanying Template 6: Community and Rural Development Benefits at the uploads section.

Maximum 3,500 characters

To support claims of social and economic benefits, Applicants should provide letters of

Final number of Eligible Households targeted by this proposal. This value should match cell F151 in Template 1 – Eligibility Summary.



atch cell G55 in Template 1 – Eligik	onity Julilliary.	



Project planning and management

An applicant must demonstrate capacity including administrative and technical capabilities to manage the proposed Project and bring it to successful completion.

Project start date (YYYY-MM-DD)
Project completion date (YYYY-MM-DD). This determines whether the Project meets the timeframe of the CCBC Program and to compare projects proposing to serve the same general underserved area.
Please describe the relationship between the Project manager and the Applicant.
Maximum 2,500 characters
Overview of Project management team – Please identify the Applicant's Project lead and
team members including name, title, roles and responsibilities and relevant experience.
Maximum 3,500 characters

Overview of Project participants – Please identify the Applicant's Project participants including builder(s), owner(s) and operator(s) if different. Please indicate the names, titles,



operating name (if applicable), legal type, contact information and relevant portion of the
Network. Applicant and collaborators must have strong project management, financial
control and technical development skills.
Maximum 3,500 characters
Operational plan – Describe key factors to indicate how the project participants will be prepared to operate, manage and maintain the proposed broadband network including any external managed services which will support network management or operations functions. Identify how the project participants will ensure that the necessary sales, operational, technical and billing support systems are or will be in place to supply the proposed services. Maximum 3,500 characters



Estimated project employment

Please identify current employment information and estimated Project employment. Please note, full-time equivalent job creation is equal to 1 new position working 35 hours/week for 12 months/year.

Current employment: Total number of people employed by the organization
Estimated direct employees
Number of people to work on the Project
Hours of employment per week (average)
Total person months of employment to be created (average) months/year
Total estimated full-time equivalent (FTE) Job Creation (auto-generated)
Estimated contracted labour
Number of people to work on the Project
Hours of employment per week (average)
Total person months of employment to be created (average) months/year
Total estimated full-time equivalent (FTE) Job Creation (auto-generated)



Template uploads

Please upload all templates. Please do not include special characters in the file name. The maximum size per file is 100MB.

Template 1 - Eligibility and Impacts Calculator

Template 2 - Detailed Budget

Template 3 - Financial Forecast

Template 4 - Last Mile Internet Service Offering

Template 5 - List of Points-of-Presence and Wholesale Pricing (if applicable)

Template 6 - Community and Rural Development Benefits

Template 7 - Wireless Addendum (if applicable)

Template 8 - Supporting Connectivity Evidence (if applicable)

Template 9 - Backbone & Geographic Names

Template 10 - Equipment Details



Supporting documents

Please upload additional attachments. Please do not include special characters in the file name. The maximum size per file is 100MB.

Copies of registration and other relevant documents related to incorporation, limited partnership, joint venture, not-for-profit status, etc.

Independently prepared financial statements for the last three (3) years

Logical Network Diagram. Please refer to Annex 3 of the application guide for the Logical Network Diagram requirements. Accepted file types: .pdf, .png, .jpg, .jpeg, .vsd, .vsdx, .doc, .docx, .ppt, .pptx

Project schedule (preferably a Gantt chart). Please refer to Annex 3 of the application guide for the Project schedule requirements. Accepted file types: .xlsx or .mpp

Community and Rural Development Benefits supporting documents. Please refer to Annex 3 of the application guide for the community letters of support requirements

Other supporting materials (if applicable). Please upload any other files such as evidence of connectivity speeds (such as screen captures of speed test results), a written commitment to facilitating access to Passive Infrastructure, evidence of imminent access to Third Party infrastructure, evidence of other funding sources, network information and/or coverage for ISED, or other documents to support this application.



Coverage

Please submit the following coverage data. Use ISED's Eligibility Mapping Tool to generate the Project Coverage that is to be included in your application.

Geographic Coverage map from ISED's Eligibility Mapping Tool. KMZ is required.

Coverage Assessment and Statistics from ISED's Eligibility Mapping Tool. Please upload the XML file that was attached to the email you received upon completion of the project coverage

Current Network Infrastructure in a geo-coded format. Please include layers for your organization's

- (1) fibre lines,
- (2) Point-of-Presence (PoPs), COs, towers and microwave links,
- (3) current Coverage for the proposed Project (with speeds),
- (4) location of Project specific Backhaul/Backbone Access Points,
- (5) PTP microwave paths (if applicable)

Proposed or Upgraded Network Infrastructure (project-specific) in a geo-coded format. Please include layers for your organization's

- (1) proposed Coverage for the communities proposed in the Project,
- (2) locations (colour differentiated) of new and upgraded towers, PoPs, fibre, PTP microwave links and COs and
- (3) new PTP microwave paths (colour differentiated) between towers (required for fixed wireless Projects).



Organization profile

Provide an overview of your organization

_	•		•	. •
Type	\sim t	A KA A	0171	うもしへい
1000	()	OLGA	111/	411()[1
. , , ,	\sim .	O GG		4 C I O I I

- o Incorporated company private or public
- o Partnership
- o Limited partnership
- Venture/syndicate
- Cooperative
- o Educational institution college
- o Educational institution other than post-secondary
- Educational institution university
- Non-profit organization
- Municipality
- o Province
- o Band council

Please specify the band number

- Public body owned by local/regional government
- o Provincial crown corporation
- Municipal development corporation
- o Other:

Please specify your organization type	

	Organization	name (l	egal	name)
--	--------------	---------	------	-------

Is operating name same as legal name?



0	Yes	
0	No	
	-	If no, Operating name
Is this	Applic	ant organization a subsidiary of a parent organization?
0	Yes	
	-	If yes, please enter the name of the parent organization
0	No	
0	NO	
Is this	Applic	ant organization an Indigenous identity? An Indigenous identity may include:
-		profit or non-profit organization run by and for First Nations, Metis, or Inuit
_	A ban	d council within the meaning of section 2 of the Indian Act;
-		digenous government authority established by a Self-Government Agreement omprehensive Land Claim Agreement
0	Yes	
	_	If yes, please provide a short description of the Indigenous identity
		Maximum 75 characters
0	No	
		verview of the organization. Include an overview of its current business
mode	l, years	in business, experience in operating Broadband Services, previous federal

broadband funding (if applicable), mission/mandate/vision, size of operation (e.g. annual

revenue, assets, number of staff), membership (if applicable), current Coverage and

subscription base.

Maximum 3,500 characters

Published Oct. 17, 2022 - Ver. 2



Date of incorporation or registration	
Applicant business number (9-digit business ident Agency)	ifier provided by Canada Revenue



Organization location

Provide an address for your organization

Unit number (optional)
Street number
Street name
PO box (optional)
City
Province
Postal code (H0H0H0)
Country

Is the mailing address the same as the above?

- Yes
- o No



Mailing address

Provide an address for your organization

Unit number (optional)
Street number
Street name
PO box (optional)
City
Province
Postal code (H0H0H0)
Country



Organization contact information

Provide contact information for your organization

Telephone number	A
Extension (optional)	
Email (optional)	
	7.0
Website (optional)	



1

Authorized business contact

The authorized contact should have full authority to bind said organization through funding agreements. One primary contact must be identified for applications submitted on behalf of multiple organizations.

Family name (optional)	
Given name	
Position/Title	
Email	
Telephone	
Extension (optional)	

Is this person an authorized signing officer of the Applicant?

- o Yes
- o No



1

Alternate business contact

Provide the business contact information for an alternate contact in the event that the primary contact becomes unreachable. If there is no alternate contact, leave this section blank.

Family name (optional)	
Given name	
Position/Title	
Email	
Telephone	
Extension (optional)	

Is this person an authorized signing officer of the Applicant?

- o Yes
- o No



Acknowledgements

The Applicant must review the checklist below, prior to submitting an application, to ensure that it is ready to apply to the Program. Each requirement must be acknowledged by the Applicant in order to proceed with the application submission:

by the Applicant in order to proceed with the application submission: ☐ The Applicant confirms that it is under no obligation or prohibition, nor is it subject to, or threatened by any actions, suits or proceedings, which could or would affect its ability to implement this proposed project. ☐ The Applicant acknowledges that the Program may collect and share applicant information for purposes that include making enquiries of such persons, firms, corporations, federal and provincial government agencies/departments/ministries, and non-profit organizations as the Program deems necessary in order to reach a decision on this proposed project. ☐ The Applicant acknowledges that any person, who is required to be registered pursuant to the Lobbyists Transparency Act (British Columbia) or the Lobbying Act (Canada), including consultant and in-house lobbyists, must be registered pursuant to, and comply with, those Acts as applicable. ☐ The Applicant acknowledges that, where applicable, the Project may require an assessment under the Impact Assessment Act (Canada) or the Environmental Assessment Act (British Columbia). ☐ The Applicant recognizes that there is a duty to consult Indigenous groups if a funded project may undertake infrastructure in, or affecting, an Indigenous community, and the Applicant understands that it must provide such information and assistance to the Province or Federal government in connection with such consultation as may reasonably be required, including, but not limited to, those obligations with respect to Indigenous consultation which may be set forth in any Funding Agreement. ☐ The Applicant acknowledges that any current or former public officer holder or public servant employed by the Applicant must comply with the provisions of the Standards of Conduct for BC Public Service employees, the Disclosing a Conflict of Interest: Employee Guideline & Disclosure Form (British Columbia), the Members' Conflict of Interest Act (British Columbia), the Values and Ethics Code for the Public

Service (Canada), the Policy on Conflict of Interest and Post-Employment (Canada), and

the Conflict of Interest Act (Canada), as applicable.



The Applicant understands that all costs incurred in the preparation and submission of the application shall be wholly absorbed by the Applicant.
The Applicant understands that the Program reserves the right to make partial awards and to negotiate project scope changes with Applicants.
The Applicant understands that the Program is a discretionary program subject to available funding, and that submission of a complete application, meeting any or all of the eligibility criteria, does not guarantee that funding will be granted. All Applicants whose Projects are approved for funding will be notified in writing.
The Applicant acknowledges that it must ensure compliance with any applicable Canadian national security requirements as defined and/or administered by the Canadian security authorities, and any Provincial security requirements as defined and/or administered by the Province.
The Applicant acknowledges that it must have the managerial and financial capacity to deliver this proposed project on time and within budget and to maintain the infrastructure and services on an ongoing basis for five years after project completion.
The Applicant confirms that it is requesting the lowest possible Program contribution amount required to make this proposed Project financially viable.
The Applicant acknowledges that information provided in this Application Form (including attachments) may be shared between the Province and the Government of Canada and other levels of government to promote the Program and maximize the benefits to Canadian citizens and permanent residents.
The Applicant acknowledges that all activities required for this proposed Project must comply with all applicable federal, provincial, and territorial laws, regulations, municipal and other local by-laws.
The Applicant acknowledges that knowingly making any false statements or misrepresentations, including by omission, in an application may affect its eligibility and may result in the revocation of funding approval.
The Applicant acknowledges that information submitted in an application is subject to the <i>Access to Information Act</i> (Canada) or the <i>Freedom of Information and Protection of Privacy Act</i> (BC), as applicable.
The Applicant confirms that, to the best of its knowledge, the information submitted in this application is true and correct as of the date of submission.



Submission

You certify that you have the authority to submit this information on behalf of the Applicant. After submission, you can continue to edit this application until the intake closes on [MM/DD/YYYY]

Completed for: Legal organization name	
Completed by	
Title	

On this date (YYYY-MM-DD) (auto-generated)